MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05231

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Isabel	Baker.	MAY	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Nov. 3 1859	89 yrs.	6	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Berlin Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Jarman	Sarah Anne Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Bertha Hanby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
44a Immediate cause	(a) Arteriosclerotic Cardio-renal disease	1 year ±
53 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & arteriosclerosis	5 yrs ±
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Basal cell carcinoma of face — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 24, 1949, to May 25, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 11:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathaniel R. Thomas		Ocean City, Md	27 May 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/27/49	Evergreen	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-27-49	Helen G. Hayward	Emma A. Bunting	Berlin Md

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05232

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Marvin (Last) Davis

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Jan 1, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 5, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sumbord Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Davis

14. MOTHER'S MAIDEN NAME: Mahaden Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Marie Parsons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15 minutes ±
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension; Cardio renal disease, arteriosclerotic	2 years ±
	(c)	

420.1
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the diseass or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1947, to 28 May, 1949, that I last saw the deceased alive on 28 May, 1949, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard L. Thomas MD 703 Baltic Ave West Ocean City 31 May 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/31/49

NAME OF CEMETERY OR CREMATORY Taylorville

LOCATION (City, town, or county) (State) Berlin R.F.D. Md.

DATE REC'D BY LOCAL REG. 5-31-49

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Emma A. Bunting ADDRESS Berlin Md

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JUN 6 1949
BUREAU V. S.

18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05233

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: WORCESTER — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN MD.
STREET ADDRESS (If rural give location): MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) BISHOP (Last) DAVIS

4. DATE OF DEATH: (Month) MAY (Day) 9, (Year) 19 49.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 24, 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months 6 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: STORE

11. BIRTHPLACE (State or foreign country): WHALEYVILLE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. J. BAYARD DAVIS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260 Immediate cause	(a) Cerebral Hemorrhage -	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Atherosclerosis Generalized	6 yrs
	(c) Diabetes Mellitus - severe	6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 19 49, to 9 May, 19 49, that I last saw the deceased alive on 6 May, 19 49, and that death occurred at 10 02 A.m., from the causes and on the date stated above.

SIGNATURE: Herman A. Robbins M.D. (Degree or title) ADDRESS: Box 50 Berlin, Md DATE SIGNED: 10 May 49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 5 | 11 | 49 — NAME OF CEMETERY OR CREMATORY: EVERGREEN — LOCATION (City, town, or county): BERLIN (State): MD.

DATE REC'D BY LOCAL REG. 5-11-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Bunting A. Bunting ADDRESS: Berlin Md

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MAY 16 1949
BUREAU V. S.

05234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MAGGIE (Middle) H (Last) QUINN

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 1922
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor at Southern Farmers
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adolphus Schoolfield
14. MOTHER'S MAIDEN NAME Alverta Merrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-10-6339
17. INFORMANT Alverta Schoolfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Violent death by Strangulation (Homicide)

983 Antecedent cause(s)

168 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Choked to death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strained Marital relations

INTERVAL BETWEEN ONSET AND DEATH: Very Short

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Her home
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from after death, 19.., to ....., 19....., that I last saw the deceased alive on Dead May 29, 1949, and that death occurred at 8 to 8.15 m., from the causes and on the date stated above.

SIGNATURE Dep. Med. E. W. E. Carlomus (Degree or title) MD ADDRESS Pocomoke City Md DATE SIGNED 6/1/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE June 2-1949 NAME OF CEMETERY OR CREMATORY St James Cemetery LOCATION (City, town, or county) Rural Pocomoke, Worcester (State) Md.

DATE REC'D BY LOCAL REG. June 2, 1949 REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1949
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05235

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Md; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Berlin md; STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print): (First) May (Middle) Addie (Last) Pingle

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: aug 15, 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John L. Pingle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rt Breast — Interval Between Onset and Death: 2½ yrs.

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary Metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Ca. Breast Rt.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949 to 28 May, 1949, that I last saw the deceased alive on 28 May, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herman A Robbins, M.D. ADDRESS: 5 Baxter Berlin md DATE SIGNED: 30 May 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: May 31-49 NAME OF CEMETERY OR CREMATORY: Family Cemetery LOCATION (City, town, or county) (State): Byneburgent Md

DATE REC'D BY LOCAL REG.: 5-31-49 REGISTRAR'S SIGNATURE: Nelson F. Hayward

24. FUNERAL DIRECTOR: James H. Stewart ADDRESS: Salisbury Md

VS. A15

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JUN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05236

Reg. Dist. No. 353

1. PLACE OF DEATH:

County: Worcester

City or town: Whaleyville R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Whaleyville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ida Elizabeth Tull

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: John T. Tull

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1879

8. AGE: Years	Months	Days	If less than one day
70	4	3	...hrs. ...min.

9. Birthplace: Delaware

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Peter C. Donovan

13. Birthplace: —

MOTHER

14. Maiden name: Sarah E. Truitt

15. Birthplace: —

16. Informant: Rayon Teel Long

Address: Delmarville, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 29, 1949 (month) (day) (year)

Cemetery or crematory: Bethel cemetery

Location: near Willards, Md.

18. Funeral director: Henry D. Watson

Address: Pocomoke City, Md.

19. 5/28/49 (Date rec'd by registrar) Mrs. Ray Bunting, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 19... at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 49, to 26 May 19 49 and that I last saw h[er] alive on 26 May 19 49

Immediate cause of death	DURATION
Pulmonary Edema & Anasarca	5 hrs
Due to: Chronic degeneration Myocardium	
Due to: 422.2 932 Chronic Bronchitis & Emphysema	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Hermanie Addkins M.D. M. D. or other

Address: Box 6 Berlin Md Date signed: 5-27-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

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JUN 2 1949
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